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 "GREETINGS (AND) RESP" UNITED STATES DISTRICT COURT
 2023 SEP 1 AM 11:53 SOUTHERN DISTRICT OF NEW YORK
 FRI-SEP.01.2023, 11:07AM 2023 SEP -1 AM 11:53

"DO IGPP U.S.A. INC. O" (AND/OR/AS) AL MOSHIR

(full name of the plaintiff or petitioner applying (each person must submit a separate application))

CV

() ()

-against-

(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)

CARLEEN LEZAMA (AND/+) ANY OTHER ENTITY(S) SHOULD BE ADDED

OF, FOR ; HEREIN ; NOT ; ADDRESSED, STATED, ETC... !

(full name(s) of the defendant(s)/respondent(s))

APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS

I am a plaintiff/petitioner in this case and declare that I am unable to pay the costs of these proceedings and I believe that I am entitled to the relief requested in this action. In support of this application to proceed *in forma pauperis* (IFP) (without prepaying fees or costs), I declare that the responses below are true:

1. Are you incarcerated? ☐ Yes ☐ No (If "No," go to Question 2.)

I am being held at: _____

Do you receive any payment from this institution? ☐ Yes ☐ No

Monthly amount: _____

If I am a prisoner, see 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. See 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. Are you presently employed? ☐ Yes ☐ No

If "yes," my employer's name and address are:

③ HAVE TO BE REFERRED TO THE (BELOW/WITHIN: ARTICLE 2) SAID
 CORRESPONDENTS OF THE DATE(D) OF: FRI-AUG. 25. 2023, 4:25

If "no," what was your last date of employment?

Gross monthly wages at the time:

PERCENTAGES OF THE REWARDED AMOUNT, OF, BY, THROUGH: -
 INTERNATIONAL COURTS, AS ADDRESSED BY US AS WELL PREVIOUSLY

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.

(a) Business, profession, or other self-employment

☐ Yes

☐ No

(b) Rent payments, interest, or dividends

☐ Yes

☐ No

② IN FOLLOWUPS, OF, WITH, TO, THROUGH, AS; THE: "DO IGPP U.S.A. INC. O" 'S (AND/OR/AS) -
 "AL MOSHIR" 'S CORRESPONDENTS OF DATED: FRI-AUG. 25. 2023, 4:25 PM (OF ALONG -
 WITH -SDNY REV. 8/5/2015 -> THE/ITS: ACCOMPANIED BY "APPLICATION TO PROCEED WITHOUT PREPAYING FEES -
 OR COSTS; NO COURT FEES ARE PAYABLE" FOR FILING COMPLAINT -> (ONLY! THOUGH!!) OTHER THEN: A/ THE-

THIS/THESE: FORM(S) OF -
 TWO(2) PAGES ARE
 IN RELATIONS TO THE:
 "DO IGPP U.S.A. INC. O" 'S
 (AND/OR/AS)
 "AL MOSHIR" 'S

CORRESPONDING
 NYS SD USC / 40 FLEY SQUARE,
 NEW YORK,
 NEW YORK,
 10007
 U.S.A.
 COMPLAINT FORM(S) OF
 DATED: THU -
 AUG. 31. 2023,
 4:44 PM
 (15)

IN
 CONCERNING,
 ETC... !

- | | | |
|---|------------------------------|-----------------------------|
| (c) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Disability or worker's compensation payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Gifts or inheritances | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Any other public benefits (unemployment, social security, food stamps, veteran's, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Any other sources | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

If you answered "No" to all of the questions above, explain how you are paying your expenses:

4. How much money do you have in cash or in a checking, savings, or inmate account?
5. Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:
6. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:
7. List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):
8. Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:

Declaration: I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.

Dated

MOSHIR, AL

Signature

FRI - SEP. 01. 2023, 11:28 AM + 11:36 AM +
IGPP C.I.S.A. INC.
MOSHIR, AL 11:41 AM ←

Name (Last, First, MI)

Prison Identification # (if incarcerated)

C/O HONORABLE, MADAM CHIEF JUDGE. LAURA TAYLOR SWAINE, 500 PEARL STREET
SUITE C-17

Address

City

State

Zip Code

NEW YORK,
NEW YORK,

Telephone Number

E-mail Address (if available)

10007
C.I.S.A.